



National Association of County and City Health Officials

Strengthening Minority Health Data Collection

III

**Final Report
September 1998**

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Strengthening Minority Health Data Collection

Introduction

As the United States population becomes increasingly diverse, addressing the linguistic and cultural needs of its residents becomes progressively more complex and important. According to *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*, by the year 2000 members of racial and ethnic minority groups will account for one-fifth of the U.S. population. This increasing diversity has profound public health implications for local health departments in their function of assuring that the health needs of residents within their jurisdictions are met.

Additionally, it is vitally important that public health activities are designed to reach all residents. This entails the incorporation of approaches and strategies that recognize the influence of linguistic differences and cultural group membership. At the present time a paucity of data exists in this important area, and in particular, there are no baseline data for several of the culturally and linguistically specific objectives in *Healthy People 2000*.

To address the need for data on how to meet the needs of culturally and linguistically diverse communities, the National Association of County and City Health Officials (NACCHO) received funding, through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), in cooperation with the Office of Minority Health, Department of Health and Human Services, to collect information on minority health issues and culturally appropriate services.

The study objectives were to:

1. Measure the percentage of local health departments that meet their community's health needs through linguistically appropriate and culturally sensitive interventions as outlined in *Healthy People 2000*, Objective 8.11.
2. Establish baseline measures, where needed, for *Healthy People 2000*, Objective 8.11.
3. Address related public health issues when applicable and appropriate.

Data Collection and Analysis Activities

As stated above, one of the main goals of this study was to establish baseline measures for *Healthy People 2000*, specifically the Service and Protection Objective 8.11. The specific text of the objective states:

Increase to at least 50 percent the proportion of counties that have established culturally and linguistically appropriate community health promotion programs for racial and ethnic minority populations. *Note: This objective will be tracked in counties in which a racial or ethnic group constitutes more than 10 percent of the population.* [italics in original] (*Healthy People 2000*, p. 102).

In developing baseline measures, NACCHO worked closely with Healthy People 2000 8.11 Work Group consisting of representatives from the Department of Health and Human Service's Office of Minority Health and the Centers for Disease Control and Prevention's National Center for Health Statistics and the Public Health Practice Program Office. The research strategy also involved participation from the public health community, specifically soliciting input from minority health organizations on their data needs, relationships with local health departments and suggestions for the survey questionnaire.

Data collection consisted of two major phases: a key informant interview, and a nationwide survey of local health departments' (LHDs) culturally sensitive and linguistically appropriate activities. The survey phase included a pilot test of the study's survey questionnaire and subsequent mailing of a revised survey to the study sample. These phases are described in detail in the following sections of this report.

Key Informant Interviews

As part of the survey development process, and in order to assure that the data collection effort met the needs of interested constituencies, the Office of Minority Health recommended that NACCHO conduct a key informant interview study with representatives of minority health organizations. Information from these interviews was used to frame survey questions and highlight important issues from the field. In addition, data gathered in the key informant interview study may prove useful for future programmatic and policymaking decisions.

During September and October, 1997, interviews were conducted with representatives of 47 minority health agencies and organizations. These groups ranged from state minority health offices to local health councils. Selection of these agencies was conducted in consultation with the Office of Minority Health using the Office's on-line listing of the minority health organizations nationwide. To supplement this listing, contacts were

made with other agencies that have carried out efforts to assess minority health status and relevant minority health issues. NACCHO publications and staff recommendations led to additional sources of information, as did the recommendations from the key informants themselves. A complete listing of the key informants can be found in *Appendix A*.

Interviews were carried out over the telephone and were made to a specific contact person if listed, or with the director of the organization. In some cases, referrals were made by the contact person or director to the minority health information specialist within the organizations. Telephone interviews averaged 10 to 15 minutes depending on the time respondent had available and the information they provided during the interview session.

Although the telephone interview was meant to be an unstructured conversation, the general question “what types of minority health information would be valuable for your organization to obtain from local health departments?” was used to frame interview discussions. When respondents had difficulty providing answers, further probing was conducted. For example, Hispanic health institutes were asked if there were priority health issues within the Hispanic community and how the activities of LHDs might relate to these priority issues.

A wide range of information was gathered through discussions with key informants. For example, health organizations that had a specific focus, such as cancer, were very interested in local health department programs that targeted minority populations focusing in that focus area. Health organizations with a broad scope of issues were interested in knowing about the sustainability of minority health programs offered by local health departments. Respondents also wanted to know about the racial composition of the LHD workforce, especially in relation to the constituency the respondent’s organization represented.

Collaboration between the responding organization and the local health department and other public and private sources of health education and information was another common theme that arose in conversation with respondents. Key informants were also interested in knowing how local health departments engaged community members in their health programs, specifically in outreach to minority communities in the jurisdictions they served.

Several issues were predominate among organizations representing specific racial/ethnic groups. For example, most Hispanic health organizations were concerned about the type of linguistically appropriate services offered by the health department, including the use of translators within the department. Many Asian health organizations mentioned interest in gaining information about the acceptance of specific non-western cultural health practices and their acceptance within the United States’ medical system. At a general policy level, agencies would like to have more information about the impact welfare reform, child care initiatives, and the increased influence of managed care organizations on the quality and types of services LHDs provide to different racial/ethnic communities.

Key informants also wanted data on the role of local health departments in carrying out community needs assessments. Specifically, organizations were interested in knowing if LHDs conduct them and, if so, did LHDs target follow-up funds toward areas determined to be in need of services? Similarly, questions dealing with program monitoring and evaluation were also mentioned. Finally, some organizations thought it would be helpful to develop reciprocal relationships with local health departments and asked if there was information that LHDs would want from minority health agencies and organizations.

Many minority health groups inquired about receiving information that they could in turn provide to their constituency regarding the types and interventions of culturally and linguistically appropriate programs that are available from local health departments. Furthermore, there were a small number of basic questions regarding the location, hours of the clinic(s), any specific bilingual service hours, type of intake information required, and the available modes of transportation to and from the department's primary care facilities or clinics.

In several interview sessions, key informants noted that they perceived a lack of connection between the LHD and community residents. This "disconnect" was seen as leading local health departments away from understanding the needs of the community and created a situation where LHDs did not have a mechanism to communicate which services are available to members of their community.

Sample Design and Survey Development

In addition to collecting interview data on the needs of minority health agencies, this study also sought to enumerate the culturally sensitive and linguistically appropriate activities of local health. Because the *Healthy People 2000* Objective 8.11 is limited to local health departments that serve populations with greater than 10% racial or ethnic minorities, the study sample was selected from the population of health departments serving jurisdictions with more than ten percent (10%) racial or ethnic minority populations.

Information on local health department jurisdictions was gathered from *NACCHO's 1997 Profile of United States Local Health Departments*, a comprehensive survey of local health departments' services and demographic characteristics. Of the 2,492 health departments that responded to the 1997 Profile questionnaire, 2161 (87%) served jurisdictions that had at least 10% racial or ethnic populations. From these 2161 local health departments, a simple random sample of 300 departments was selected to receive the survey questionnaire. This sample size was sufficient to detect significant differences between department groupings while also staying within the limitations of the project's resources.

Of the 300 local health departments in the survey sample, 187 returned completed survey questionnaires resulting in a response rate of 62% (187/300). Follow-up techniques included a post-card reminder sent at two weeks after the first mailing, a follow-up letter

with an additional survey questionnaire sent to nonrespondents four weeks into the project and a telephone call to the contact person at the local health department urging them to respond six weeks after initial surveys were sent. The response rate of 62% is slightly higher than the standard 60% response rate usually obtained with a follow-up postcard and second questionnaire mailing (Dillman, Don A., et al., 1974. "Increasing Mail Questionnaire Response: A Four State Comparison." *American Sociological Review*, 39:755).

An analysis of the survey respondents found that there were no significant differences between the 187 survey respondents and 113 survey non-respondents. When responding health departments were compared to the population of local health departments from which the sample was drawn, however, several differences emerged. Study respondents served slightly larger jurisdictions than the overall population, responding health departments served jurisdictions with an average population of 184,373 residents (ranging from 1,950 to 7,332,564 residents). The overall jurisdiction average for all local health departments was 108,772 residents (ranging from 300 to 9,250,000 residents.) Table One presents the number and percent of cases in various population jurisdictions for both the study sample and the overall study population.

Table One. Population of Jurisdiction for Responding Departments and All Departments

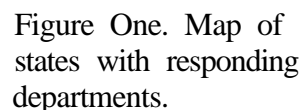
Population of Jurisdiction	# of Responding Health Departments (n)	% of Responding Health Departments (%)	# of All Health Departments with > 10% ethnic or racial population	% of All Health Departments with > 10% ethnic or racial population
0 to 24,999	54	29	868	40
25,000 to 49,999	50	27	487	23
50,000 to 74,999	15	8	202	9
75,000 to 99,999	7	4	130	6
100,000 to 249,999	31	16	275	13
250,000 to 499,999	16	9	105	5
500,000 to 999,999	9	5	65	3
1,000,000 or more	5	3	29	1
Total	187	101%*	2161	100%

* Note: Percentage adds to 101% due to rounding.

Departments that responded to the survey also had larger staffs and larger budgets when compared to the population of local health departments overall. The average number of employees in responding health departments was 135 compared to the overall population

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Sample sites were located in 34 of the 50 states, including the state with the largest percentage of racial/ethnic minorities in the country. Sites in Puerto Rico, the Virgin Islands, and other United States Territories were not included in the 1997 Profile and therefore are not included in the study sample. States with local health departments that responded to the survey are shaded in Figure One.



In addition to the short or long version of the questionnaire, three other pages were sent to the pilot sites. The first was a comment page which allowed the pilot sites to write

down their comments on the survey. The second was a demographics page listing the racial and ethnic composition of the local health department jurisdiction provided from data in the 1997 Profile questionnaire. This data page requested respondents to review their race and ethnic data and make corrections in the space provided. The third page included definitions for meeting special language needs through linguistically competent services and materials and addressing cultural differences through culturally appropriate programs and interventions and, at the bottom, the identification information that was provided by the LHD in the 1997 Profile.

Suggestions from pilot respondents were reviewed, and when feasible, included in the final questionnaire. The Health People 2000 Objective 8.11 Work Group evaluated the pilot site data with NACCHO staff and decided to administer the “long” version of the survey.

In developing the final survey instrument, keeping the survey to a manageable length was a constant challenge given the aim of the study was to collect a great deal of specific data on local health department programs and communications modes.

The final survey questionnaire was designed to collect information in three major areas:

- Overall LHD Programs and Interventions
- Meeting Special Language Needs Through Linguistically Competent Services and Materials
- Addressing Cultural Differences Through Culturally Appropriate Programs and Interventions

In order to keep respondent burden to a minimum, a grid system was used to allow respondents to “check” their answers to survey questions. This allowed the survey to remain short (three pages, one for each area) while simultaneously allowing for the collection of detailed data. Using the grid system, Healthy People 2000 Objective 8.11 program areas were listed in the first column, and communication modes were listed along the top row. An example of the final questionnaire is contained in *Appendix B*.

Respondents were asked the following three questions, each corresponding to a grid page on the final survey:

- In the past year, which of the **following programs and interventions were provided in your jurisdiction**, either directly by your local health department or through a contractual agreement with another organization?
- In the past year, which of the following programs and interventions were adapted and/or provided to meet the **special language needs of any racial/minority population** you serve, either directly by your local health department or through a contractual agreement with another organization?

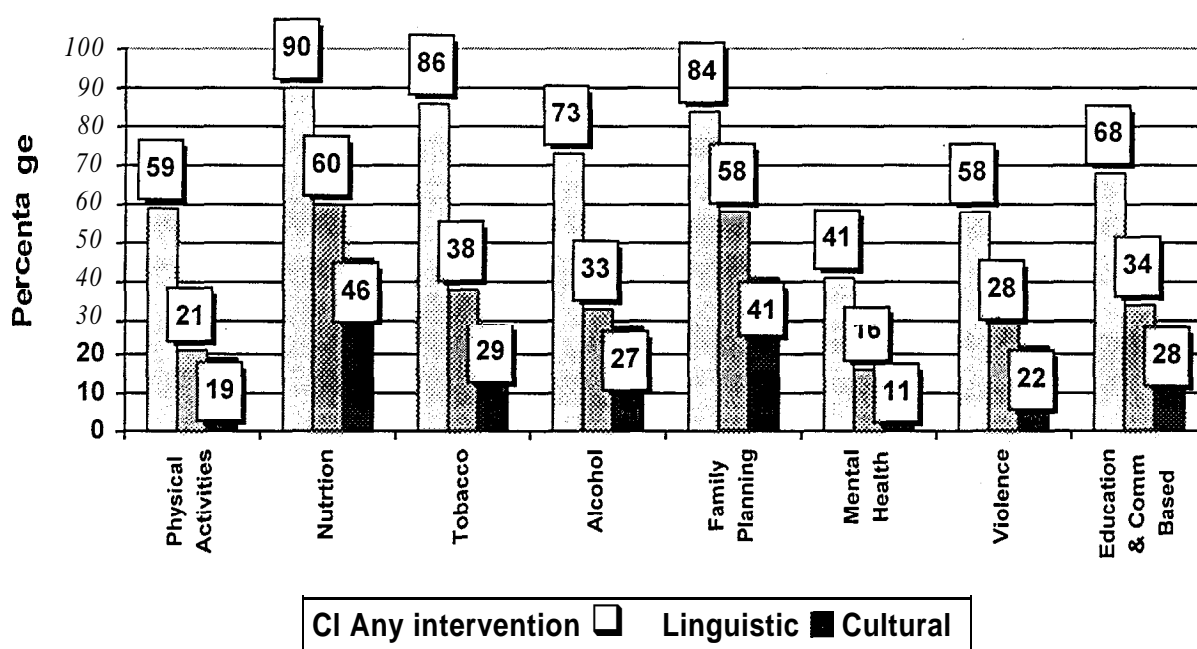
- In the past year, which of the following programs and interventions were adapted and/or provided to address the **cultural differences of any racial/minority population** you serve, either directly by your local health department or through a contractual agreement with another organization?

When a respondent checked the box relating to a specific intervention and program area, that response was considered a “yes.” When boxes were left blank, the response was considered a “no” or a “no answer” response.

Programs and Intervention Data

Figure Two present a graphic illustrating the percentage of all respondents who checked “yes” on the survey for specific health promotion categories.

Figure Two. Health Promotion Percentages, All Respondents

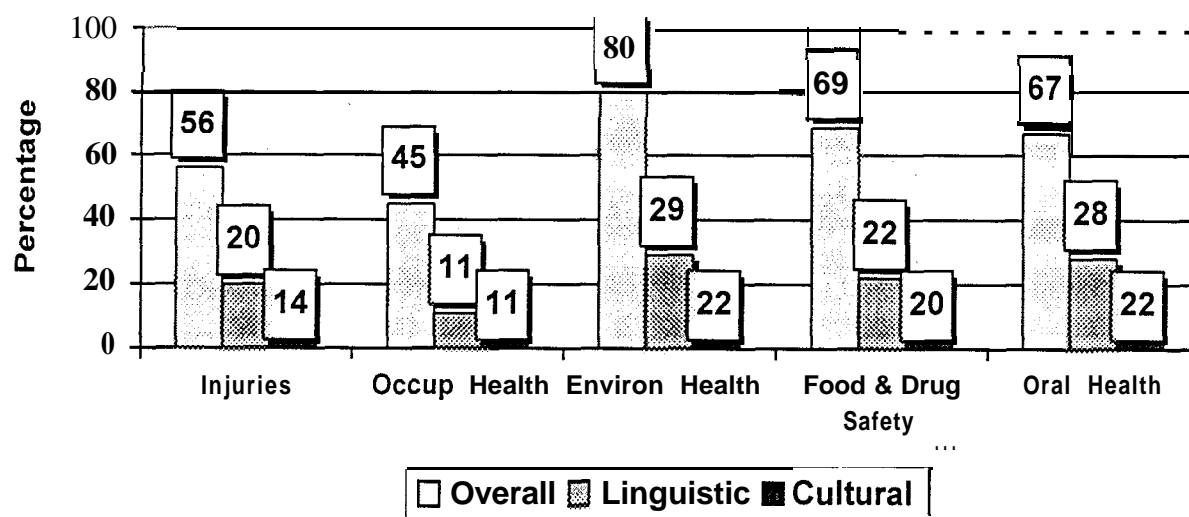


In the area of health promotion, most local health departments have a nutrition based intervention (90%), followed by tobacco (86%), family planning (84%) and education and community based programs (68%). Linguistically appropriate intervention or communication modes follow this trend. Health promotion interventions addressing cultural differences are the lowest percentages across all types, with nutrition and tobacco as the most frequent program modified to address cultural differences and mental health and physical activities and fitness the least common. The most common intervention

type in the health promotion category are printed information materials. The least common were internet-based health interventions.

Figure Three illustrates the percentage of respondents who indicated they provided health protection interventions. Overall, environmental health, food and drug safety and oral health interventions were the most common health protection program areas. There is a large difference between the health protection interventions provided overall, and the health protection interventions that are culturally sensitive and linguistically appropriate as shown below. For example 56% of department indicated they had an injury prevention program, however only 20% reported that the intervention was linguistically appropriate and 14% reported that the intervention was culturally sensitive.

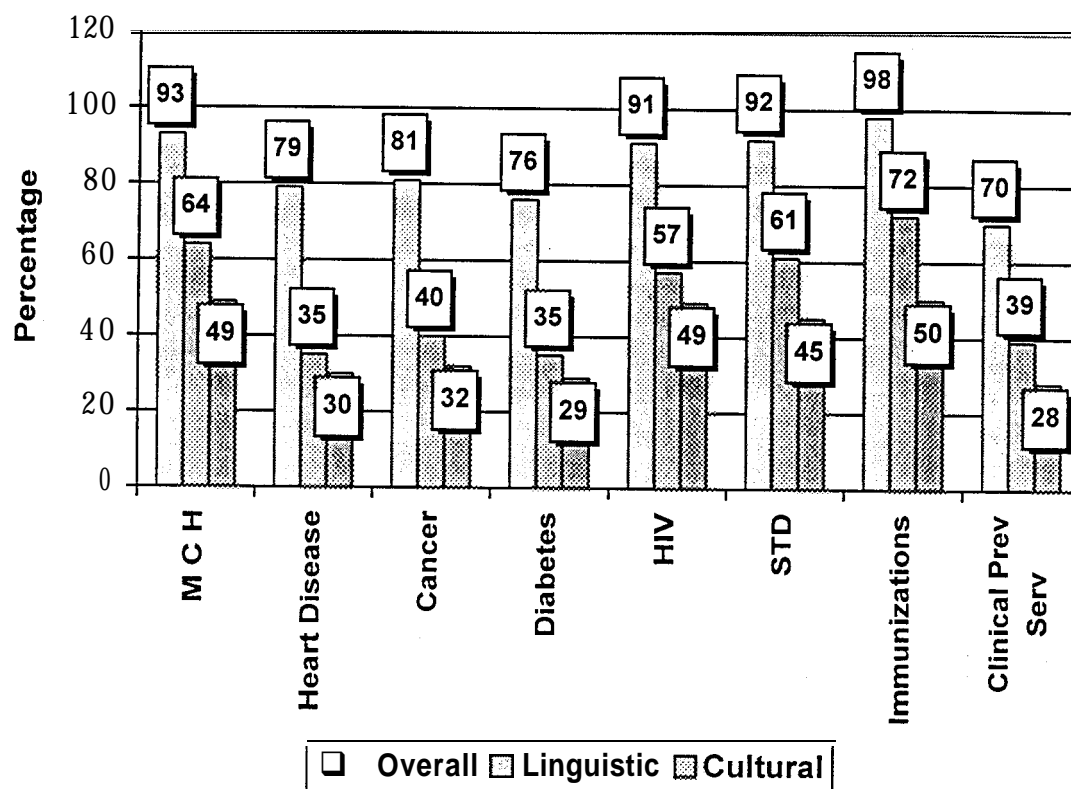
Figure Three. Health Protection Percentages, All Respondents



Preventive Services

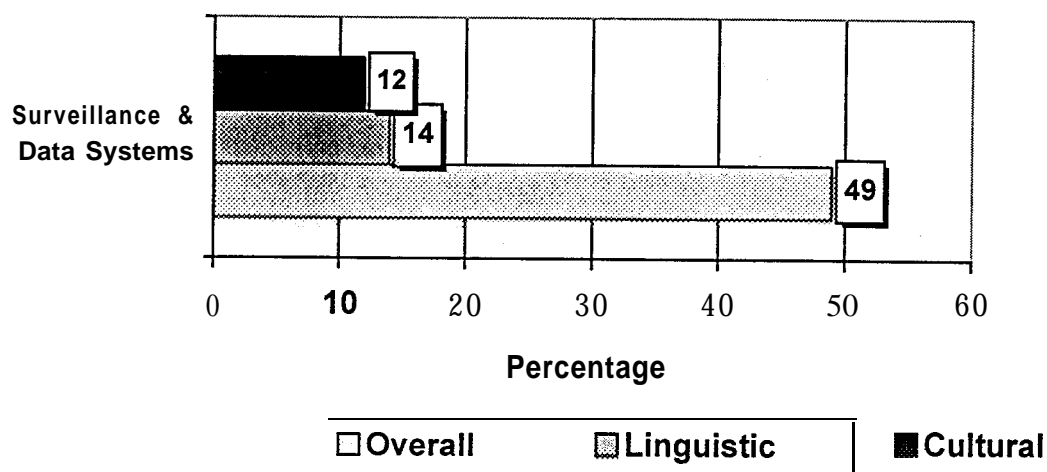
The most common program area among responding departments was the preventive services area. Almost all departments indicated that they provided prevention immunization services (98%), followed by maternal and child health programs (93%), Sexually Transmitted Disease (STD) programs (92%) and HIV programs (91%). Cancer, heart disease and diabetes prevention were also common. With the preventive services categories, health departments also offered the most culturally sensitive and linguistically appropriate interventions. Figure Four shows the percentages of health departments providing these services in several different preventive service program areas.

Figure Four. Preventive Services Percentages, All Respondents



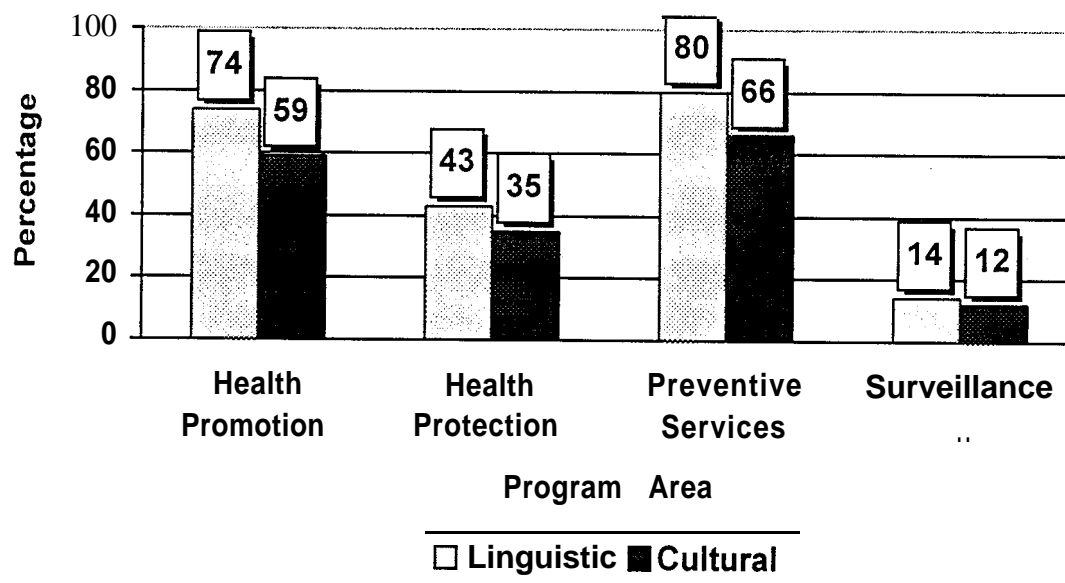
Surveillance and data systems were not a frequent area for linguistically appropriate or culturally sensitive interventions. However, overall, only 49% of responding health departments had programs in this area. Figure Five illustrates the responses for the surveillance and data systems area.

Figure Five. Surveillance and Data Systems Percentages, All Respondents



The figures above illustrate the percentage of responding health departments with interventions in the specific program areas. In order to assess the results at an aggregate level, intervention types were combined within the broad categories of health promotion, health protection, preventive services and surveillance and data systems. The following figure (Figure Six) is comprised of health departments that indicated they provided any intervention in the broad category listed. It is important to note that departments may provide a range of interventions. In this graphic, any mention of an intervention in the area counted toward the percentage displayed below. As noted above, preventive services was the most common program area and contained the highest percentage of respondents offering any culturally sensitive and linguistically appropriate interventions.

Figure Six. Linguistically Appropriate and Culturally Sensitive Interventions in Major Program Areas, All Respondents



As noted above, health department size may determine the number of interventions and their program areas. In order to examine the relationship between the population of the health department's jurisdiction and interventions provided an analysis of program areas by jurisdiction size was undertaken. Tables Two and Three show the relationship between interventions in program area types and the population of the health department jurisdiction. There is a trend that supports the notion that departments serving larger jurisdictions will also have the most culturally sensitive and linguistically appropriate interventions. This may be due, in part, to the fact that larger jurisdiction are the most likely to have racial and ethnic diversity and departments will have the need to provide appropriate and sensitive interventions to diverse populations.

Table Two. Linguistically Appropriate Interventions by Program Area and Population of Jurisdiction Served

Jurisdiction Size	Health Promotion	Health Protection	Preventive Services	Surveillance
0 to 24,999	59%	22%	63%	8%
25,000 to 49,999	64%	36%	76%	8%
50,000 to 74,999	87%	53%	93%	20%
75,000 to 99,999	100%	43%	100%	43%
100,000 to 249,999	87%	55%	94%	19%
250,000 to 499,999	88%	56%	88%	19%
500,000 to 999,999	100%	100%	100%	33%
1 ,000,000 and over	80%	80%	100%	0%

Table Three. Culturally Sensitive Interventions by Program Area and Population of Jurisdiction Served

Jurisdiction	Health Promotion	Health Protection	Preventive Services	Surveillance,.
0 to 24,999	46%	15%	43%	9%
25,000 to 49,999	50%	32%	58%	8%
50,000 to 74,999	53%	40%	73%	13%
75,000 to 99,999	86%	29%	100%	14%
100,000 to 249,999	68%	45%	84%	16%
250,000 to 499,999	88%	50%	88%	19%
500,000 to 999,999	67%	78%	89%	11%
1 ,000,000 and over	100%	80%	100%	20%

Intervention Types

The above figures aggregate for intervention type across all program areas. Interventions included: informational materials, public service announcements, Internet, community outreach, on and off-site individual and group instruction. However, it is important to stress the majority of interventions were delivered through print materials and on-site individual and group instruction. Radio and television public service announcements and the Internet were not common communication modes, instead the majority of culturally sensitive and linguistically appropriate interventions were delivered through printed information materials or in-person individual and group sessions. *Appendix C* includes the specific frequencies for each of the intervention types across all program areas.

Summary Discussion

After conducting the key informant interviews, it is evident there is great interest among minority health organizations to obtain more information from LHDs. LHDs, in their governmental role of assuring the health needs of all residents with a jurisdiction, play a key role in reaching minority populations.

The interpretation of these data are limited by the fact that no information was gathered on the content of the interventions or the scope of the program area described. Each respondent was free to define the program area as they chose. Definitions were provided for “meeting special language needs” (linguistically appropriate) and “addressing cultural differences” (culturally sensitive). Overall, this study provides important baseline data and sets the stage for additional contextual research on intervention strategies and modifications to enhance cultural sensitivity and linguistically competent programs.

Using the baseline data gathered in this effort, especially the aggregate data presented in Figure Six, it appears that most local health departments are engaged in some sort of culturally sensitive and linguistically appropriate intervention in the areas of health promotion and preventive services. In the area of health protection, 43% of health departments reported at least one linguistically appropriate intervention and 35% reported a culturally sensitive intervention. These percentages are below the 50 percent guideline noted in the objective. In addition, many jurisdictions are not providing linguistically appropriate or culturally sensitive surveillance and data systems programs. Exactly what can be done to increase the percentage in this area should be the focus of continued discussion.

The results of this study yield important data for public health practitioners, policymakers, health educators, academicians, and other community health stakeholders. As health equity becomes an increasingly visible federal priority, NACCHO encourages additional research in this area. This study provides a baseline for continued collaborative efforts to strengthen and improve the health of all communities.

Appendix A

Appendix A: List of Key Informant Contacts

The National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)

Mary Thorngren
1501 Sixteenth Street, NW
Washington, DC 20036-1401
(202) 387-5000

Massachusetts Department of Public Health

Bureau of Family and Community Health
Deborah Walker
250 Washington Street
5th Floor
Boston, MA 02108
(6 17) 624-6090

National Center for Education in Maternal and Child Health

Leslie Gordon
2000 15th Street, North; Suite 701
Arlington, VA 2220 1-2671
(703) 524-7802

National Council of La Raza (NCLR)

Stephanie Avila
810 First Street, NE, Suite 300
Washington, DC 20002
(202) 785-1 670

Healthy Mothers, Healthy Babies

Leslie Dunne
409 12th Street, SW
Washington, DC 20005
(202) 863-2458

Health Watch Information and Promotion Service

Norma J. Goodwin, MD
3020 **Glenwood** Rd.
Brooklyn, NY 11210
(718) 434-5411

National Black Alcoholism and Addictions Council (NBAC)

John T. Robertson, **PhD**
1629 K Street, NW, Suite 802
Washington, DC 20006
(202) 296-2696

Black, Gay, and Lesbian Leadership Forum

Steve Walker
12 19 S. **LaBrea** Ave.
Los Angeles, CA 900 19
(2 13) 964-7820

Association for the Advancement of Mexican Americans
Gilbert Moreno
600 1 Gulf Freeway, Bldg B-3
Suite 165
Houston, TX 77023
(713) 926-4756

Indian Chicano Health Center
Mary Lee Fitzsimmons
2908 S. 24th St.
Omaha, NE 68108
(402) 345-5898

Asian and Pacific Islander American Health Forum, Inc.
Ignatius Bau
116 New Montgomery St., Suite 531
San Francisco, CA 94105
(415) 541-0866

Association of Asian/Pacific Community Health Organizations (AAPCHO)
Stephen P. Jiang
1440 Broadway, Suite 510
Oakland, CA 94612
(510) 272-9536

State of Arkansas, Office of Minority Health
Christine B. Patterson, MSW
4815 West Markham, Slot 55
Little Rock, AR 72205
(501) 661-2193

Health Education Council (HEC)
Debra S. Oto-Kent, MPH
1721 2nd Street, Suite 101
Sacramento, CA 95814
(916) 556-3344

The National Association for Minority Children with Disabilities
Mary Alford
3508 W. North Ave.
Milwaukee, WI 53208
(414) 934-0160

State of Illinois, Center for Minority Health Services
Joann Chiakulas
100 West Randolph St., Suite 6-600
Chicago, IL 60601
(312) 814-5278

State of Ohio, Commission on Minority Health
Rick Spencer
77 South High St., Suite 745
Vern Raffe Government Center
Columbus, OH 43266-0377
(614) 466-4000

Golden Valley Health Centers, Inc.
Mike Sullivan
P.O. Box 858
Merced, CA 95341
(209) 383-1848

Multicultural Community Health Coalition Project .
Department of Health Science
School of Applied Arts and Sciences
Dr. Radelfinger
One Washington Square
San Jose, CA 95192-0052
(408) 924-2980

La Frontera, Inc.
Karen Chatfield
502 West 29th St.
Tucson, AZ 85713-3394
(520) 884-9920

Center for Alcohol and Drug Services, Inc.
Diane Sonnevile
4230 11th Street
Rock Island, IL 61201
(309) 788-4571

State of North Carolina, Office of Minority Health
Barbara Pullen-Smith
P.O. Box 27687
Raleigh, NC 27611
(919) 715-0995

American Association of Retired Persons, Office of Minority Health
Carrie Bacon
601 E Street, NW
Washington, DC 20049
(202) 434-2460

Rhode Island Department of Health
John Fulton
3 Capitol Hill, Room 103
Providence, RI 02908-5097
(401) 277-3293

Los Angeles Native American Center, Inc.

William Beckley

9500 E Artesia Blvd.

Bellflower, CA 90706

(562) 920-7227

Western Region Asian Pacific (WRAP) Agency

Nancy Au

8616 La Tijera Blvd., Suite 200

Los Angeles, CA 90045

(310) 337-1550

Brownsville Community Health Center

Carmen **Rocco**

2137 East 22nd Street

Brownsville, TX 78521

(210) 5487400

State of Alabama, Division of Minority Health

Barbara Harrell

434 Monroe Street, Bldg. D

Montgomery, AL 36103-1701

(334) 206-5396

State of Virginia, Office of Minority Health

Robert Bolleen

P.O. Box 2448

Richmond, VA 23218

(804) 786-3561

National Black Women's Health Project

Tylene Harrell

1211 Connecticut Ave., NW, Suite 310

Washington, DC 20005

(202) 835-0117

Greater Cincinnati Nutrition Council

Lauren Niemes

2400 Reading Road

Cincinnati, OH 45202

(513) 621-3262

National **Latina** Health Organization

Luz Alvarez Martinez

P.O. Box 7567

Oakland, CA 94601

(510) 534-1362

Asian Health Project, T.H.E. Clinic for Women, Inc.
Sylvia Drew-Ivie
3 860 W King Blvd.
Los Angeles, CA 90008
(2 1 3) 2 9 5 - 6 5 7 1

State of Oregon, Minority Health Program
Suganya Sockalingham
800 NE Oregon, Suite 950
Portland, OR 97232
(503) 73 I-4019

Division of Services for Children with Special Health Needs
Maternal and Child Health Bureau
Health Resources and Services Administration
Diana Denn-Boba
5600 Fishers Lane
Room 18A
Rockville, MD 20857
(301) 443-9332

United States Department of Agriculture
Robert Miranda Acevedo
1400 & Independence Ave., NW
Room 42 1 A
Washington, DC 20250
(202) 720-2914

Latino Council on Alcohol and Tobacco
Jeannette Noltenius
1015 15th St., NW, Suite 409
Washington, DC 20005
(202) 371-1168

Community Health and Social Services
Ricardo Guzman
5835 West Fort
Detroit, MI 48209
(313) 849-3920

De Hostos Neighborhood Center
Emilio Lopez
2902 NW 2nd Avenue
Miami, FL 33 127
(305) 576-0681

Hispanic Community Center
Joel Gajardo
2300 O Street
Lincoln, NE 685 10
(402) 474-3950

Idaho Migrant Council
Liz Madson
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Caldwell, ID 83606
(208) 454-1652

Migrant Health Network
Joni Bamett
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Austin, TX 78746
(512) 328-7682

National Council of La Raza
Dr. Henry Pacheco
1111 19th Street, NW
Suite 1000
Washington, DC 20036
(202) 776-1711

The Latino Health Institute
Fernando Miranda
95 Berkeley Street
Boston, MA 02115
(617) 350-6900

Healthy Community Partnership
Lorraine Malay
Douglas County Health Department
1819 Famum Street
Omaha, NE 68183
(402) 444-4244

State Public Policy Group
Clark Conover
200 10th Street
5th Floor
Des Moines, IA 50309
(515) 243-2000

Community Clinic Association of Los Angeles
Mandy Johnson
8610 Sepulveda Blvd.
Suite 202
Los Angeles, CA 90045
(310) 649-7350

Appendix B

National Association of County and City Health Officials

1997 Minority Health Questionnaire

Your response is very important. It will take 15 minutes of your time. Your information will be used to obtain baseline data and a mechanism that can be used to help track *Healthy People 2000* and 2010 indicators. The data will be used widely by policy makers, local health officials, and others to facilitate the types and interventions of minority health programs that are currently being offered. This information is essential to addressing the cultural and linguistic needs of minority residents. We would like to achieve a 100% response rate!

Definitions:

For the purposes of this study, the following are defined as follows:

Question #2

Meeting Special Language Needs Through Linguistically Competent Services and Materials:

Language is the form or pattern of speech, spoken or written, that is used by residents or descendants of a particular nation or geographic area or by any large body of people. It can be formal or informal and includes dialect, idiomatic speech, and slang. Linguistically competent services and materials are services, including trained staff in foreign language and interpretation skills, and materials developed or adapted to meet the special language needs of the target population, taking into account general educational level, literacy, and language preferences.

Question #3

Addressing Cultural Differences Through Culturally Appropriate Programs and Interventions:

Culturally appropriate programs and interventions is a comprehensive term that incorporates the capacity of the local health department or the organization to which it has contracted to effectively identify the health practices and behaviors of target populations. As a result, the organization will design programs, interventions, and services which effectively address cultural barriers, including cultural histories, norms, and values, to the delivery of appropriate and necessary health services, materials, and information as well as evaluate and contribute to the on-going improvement of these efforts.

(Please Type or Print Neatly)

Name of Local Health Department:

Street/P.O. Box:

City:

State:

Zip Code:

County or District:

Telephone #:

Fax #:

Name of Person Completing this Questionnaire _____

Title _____ Date Completed _____

Question 1: Programs 'and Interventions

In the Past year, which of the following programs and interventions were provided in your jurisdiction, either directly by your local health department or through a contractual agreement with another organization? Please place an "X" in all boxes that apply.

PROGRAMS	INTERVENTIONS										
	Informational Materials		Public Service Announcement		Internet	Community Outreach	On-Site		Off-Site		Other (specify)
	Print	AV	Radio	TV			Individual Instruction	Group Instruction	Individual Instruction	Group Instruction	
HEALTH PROMOTION											
Physical Activities and Fitness											
Nutrition											
Tobacco											
Alcohol and Other Drugs											
Family Planning											
Mental Health and Mental Disorders											
Violent and Abusive Behavior											
Educational and Community Based Programs											
HEALTH PROTECTION											
Unintentional Injuries											
Occupational Safety and Health											
Environmental Health											
Food and Drug Safety											
Oral Health											
PREVENTIVE SERVICES											
Maternal and Infant Health											
Heart Disease and Stroke											
Cancer											
Diabetes and Chronic Disabling Conditions											
HIV Infections											
Sexually Transmitted Diseases											
Immunization and Infectious Diseases											
Clinical Preventative Services											
SURVEILLANCE AND DATA SYSTEMS											
Surveillance and Data Systems											
OTHER (specify)											

Question 2: Meeting Special Language Needs Through Linguistically Competent Services and Materials

In the past year, which of the following programs and interventions were adapted and/or provided to meet the **special language needs of any racial/minority population** you serve, either directly by your local health department or through a contractual agreement with another organization? Please place an "X" in all boxes that apply.

PROGRAMS	INTERVENTIONS										
	Informational Materials		Public Service Announcement		Internet	Community Outreach	On-Site		Off-Site		Other (specify)
	Print	AV	Radio	TV			Individual Instruction	Group Instruction	Individual Instruction	Group Instruction	
HEALTH PROMOTION											
Physical Activities and Fitness											
Nutrition											
Tobacco											
Alcohol and Other Drugs											
Family Planning											
Mental Health and Mental Disorders											
Violent and Abusive Behavior											
Educational and Community Based Programs											
HEALTH PROTECTION											
Unintentional Injuries											
Occupational Safety and Health											
Environmental Health											
Food and Drug Safety											
Oral Health											
PREVENTIVE SERVICES											
Maternal and Infant Health											
Heart Disease and Stroke											
Cancer											
Diabetes and Chronic Disabling Conditions											
HIV Infections											
Sexually Transmitted Diseases											
Immunization and Infectious Diseases											
Clinical Preventative Services											
SURVEILLANCE AND DATA SYSTEMS											
Surveillance and Data Systems											
OTHER (specify)											

If you have any questions while completing this questionnaire, please call Marc Tomlinson at NACCHO, (202) 783-5550, ext. 234.

Question 3: Addressing Cultural Differences Through Culturally Appropriate Programs and Interventions

In the past year, which of the following programs and interventions were adapted and/or provided to address the **cultural differences of any racial/minority population** you serve, either directly by your local health department or through a contractual agreement with another organization? Please place an "X" in all boxes that apply.

PROGRAMS	INTERVENTIONS										
	Informational Materials		Public Service Announcement		Internet	Community Outreach	On-Site		Off-Site		Other (specify)
	Print	AV	Radio	TV			Individual Instruction	Group Instruction	Individual Instruction	Group Instruction	
HEALTH PROMOTION											
Physical Activities and Fitness											
Nutrition											
Tobacco											
Alcohol and Other Drugs											
Family Planning											
Mental Health and Mental Disorders											
Violent and Abusive Behavior											
Educational and Community Based Programs											
HEALTH PROTECTION											
Unintentional Injuries											
Occupational Safety and Health											
Environmental Health											
Food and Drug Safety											
Oral Health											
PREVENTIVE SERVICES											
Maternal and Infant Health											
Heart Disease and Stroke											
Cancer											
Diabetes and Chronic Disabling Conditions											
HIV Infections											
Sexually Transmitted Diseases											
Immunization and Infectious Diseases											
Clinical Preventative Services											
SURVEILLANCE AND DATA SYSTEMS											
Surveillance and Data Systems											
OTHER (specify)											

Appendix C

Question 1: Programs and Interventions

In the past year, which of the following programs and interventions were provided in your jurisdiction, either directly by your local health department or through a contractual agreement with another organization? Please place an "X" in all boxes that apply.

PROGRAMS	INTERVENTIONS										
	Informational Materials		Public Service Announcement		Internet	Community Outreach	On-Site		Off-Site		Other (specify)
	Print	AV	Radio	TV			Individual Instruction	Group Instruction	Individual Instruction	Group Instruction	
HEALTH PROMOTION											
Physical Activities and Fitness	48	26	7	5	2	27	25	25	17	33	
Nutrition	81	37	19	12	5	51	73	52	38	49	
Tobacco	78	31	20	18	4	50	52	33	31	47	
Alcohol and Other Drugs	64	18	9	7	3	31	45	19	27	33	
Family Planning	75	35	14	8	4	45	72	32	40	39	
Mental Health and Mental Disorders	27	4	2	3	1	13	24	12	16	14	
Violent and Abusive Behavior	48	12	6	5	1	23	28	14	17	21	
Educational and Community Based Programs	56	23	18	14	6	47	33	34	32	51	
HEALTH PROTECTION											
Unintentional Injuries	50	18	10	8	4	26	28	24	21	31	
Occupational Safety and Health	37	13	3	3	1	12	22	18	17	23	
Environmental Health	70	26	18	16	8	37	48	36	51	49	
Food and Drug Safety	61	19	12	10	6	30	35	32	34	39	
Oral Health	59	24	6	5	3	33	43	21	33	39	
PREVENTIVE SERVICES											
Maternal and Infant Health	86	39	19	12	4	55	82	43	53	47	
Heart Disease and Stroke	73	21	12	10	4	37	51	22	30	39	
Cancer	74	22	14	11	3	42	56	23	35	36	
Diabetes and Chronic Disabling Conditions	71	18	9	8	4	32	54	21	28	32	
HIV Infections	84	39	18	14	5	53	75	34	45	58	
Sexually Transmitted Diseases	86	37	12	9	5	50	78	33	44	53	
Immunization and Infectious Diseases	93	43	40	24	7	65	84	41	54	58	
Clinical Preventative Services	61	18	13	10	4	40	57	29	33	34	
SURVEILLANCE AND DATA SYSTEMS											
Surveillance and Data Systems	32	3	4	3	6	21	16	14	14	17	
OTHER (specify)											

Question 2: Meeting Special Language Needs Through Linguistically Competent Services and Materials

In the past year, which of the following programs and interventions were adapted and/or provided to meet the **special language needs of any racial/minority population you serve**, either directly by your local health department or through a contractual agreement with another organization? Please place an "X" in all boxes that apply.

PROGRAMS	INTERVENTIONS										
	Informational Materials		Public Service Announcement		Internet	Community Outreach	On-Site		Off-Site		Other (specify)
	Print	AV	Radio	TV			Individual Instruction	Group Instruction	Individual Instruction	Group Instruction	
HEALTH PROMOTION											
Physical Activities and Fitness	18	4	1	2	1	9	10	6	7	10	
Nutrition	54	17	3	3	1	16	43	19	21	17	
Tobacco	37	9	5	2	0	16	19	11	13	14	
Alcohol and Other Drugs	29	7	1	2	0	11	18	9	12	14	
Family Planning	50	14	2	2	1	18	47	19	17	16	
Mental Health and Mental Disorders	8	2	0	1	0	6	10	4	5	6	
Violent and Abusive Behavior	21	4	1	2	0	11	15	7	9	9	
Educational and Community Based Programs	27	5	2	2	0	17	18	14	17	20	
HEALTH PROTECTION											
Unintentional Injuries	16	4	2	2	0	8	10	7	10	9	
Occupational Safety and Health	8	2	1	1	0	4	6	4	4	5	
Environmental Health	26	5	2	2	1	10	14	7	14	12	
Food and Drug Safety	19	4	2	1	0	6	12	7	10	9	
Oral Health	24	6	2	2	0	11	21	10	16	13	
PREVENTIVE SERVICES											
Maternal and Infant Health	56	16	4	2	0	21	49	22	29	20	
Heart Disease and Stroke	27	5	0	2	0	11	21	10	16	11	
Cancer	35	5	1	3	0	14	23	11	16	13	
Diabetes and Chronic Disabling Conditions	28	7	1	3	0	13	25	10	16	10	
HIV Infections	50	10	3	3	1	21	44	19	28	25	
Sexually Transmitted Diseases	53	10	2	2	0	17	45	18	25	21	
Immunization and Infectious Diseases	65	14	6	4	0	26	56	24	33	26	
Clinical Preventative Services	28	5	2	2	0	17	29	13	14	14	
SURVEILLANCE AND DATA SYSTEMS											
Surveillance and Data Systems	11	1	0	0	1	6	6	2	4	4	
OTHER (specify)											

Question 3: Addressing Cultural Differences Through Culturally Appropriate Programs and Interventions

In the past year, which of the following programs and interventions were adapted and/or provided to address the **cultural differences of any racial/minority population** you serve, either directly by your local health department or through a contractual agreement with another organization? Please place an "X" in all boxes that apply.

PROGRAMS	INTERVENTIONS										
	Informational Materials		Public Service Announcement		Internet	Community Outreach	On-Site		Off-Site		Other (specify)
	Print	AV	Radio	TV			Individual Instruction	Group Instruction	Individual Instruction	Group Instruction	
HEALTH PROMOTION											
Physical Activities and Fitness	15	4	3	2	1	12	8	5	6	10	
Nutrition	37	10	4	3	1	18	30	17	17	17	
Tobacco	26	7	5	3	1	17	16	11	12	14	
Alcohol and Other Drugs	21	4	1	1	0	11	13	9	12	12	
Family Planning	34	10	3	2	0	16	30	13	17	14	
Mental Health and Mental Disorders	7	2	1	1	0	4	7	4	4	5	
Violent and Abusive Behavior	16	4	1	1	0	8	11	5	6	6	
Educational and Community Based Programs	21	6	4	4	1	16	16	11	11	15	
HEALTH PROTECTION											
Unintentional Injuries	11	5	2	2	1	8	9	6	9	11	
Occupational Safety and Health	6	3	1	1	0	5	7	4	6	5	
Environmental Health	17	5	2	3	1	14	1	9	14	12	
Food and Drug Safety	13	3	2	2	1	9	13	8	10	7	
Oral Health	17	5	2	1	0	10	14	9	13	12	
PREVENTIVE SERVICES											
Maternal and Infant Health	37	11	6	4	1	22	34	15	23	18	
Heart Disease and Stroke	23	5	2	3	1	14	20	11	12	14	
Cancer	24	5	4	3	1	16	20	10	13	17	
Diabetes and Chronic Disabling Conditions	22	6	3	3	1	11	19	9	13	12	
HIV Infections	41	12	5	3	1	27	37	21	30	30	
Sexually Transmitted Diseases	37	10	4	3	1	24	33	20	26	27	
Immunization and Infectious Diseases	40	10	6	5	1	27	39	18	25	22	
Clinical Preventative Services	22	6	4	2	1	18	22	14	15	16	
SURVEILLANCE AND DATA SYSTEMS											
Surveillance and Data Systems	9	1	2	1	1	6	3	2	3	4	
OTHER (specify)											